PTO/SB/17 (01-06)

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FIRST Named Inventor Johnson, Joshua W. Zhapplicant claims small entity status. See 37 CFR 1.27 TOTAL AMOUNT OF PAYMENT (\$) 60.00 Attorney Docket No. \$1011/20171 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): Deposit Account Depost Account Number, 03-0075 Depost Account Number, 03-0075 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments of fee(s) Under 37 CFR 1.61 and 1.17 WARNING: Information and additional fee(s) or underpayments of fee(s) Under 37 CFR 1.61 and 1.17 HARNING: Information and additional fee(s) or underpayments of fee(s) Under 37 CFR 1.61 and 1.17 WARNING: Information and additional fee(s) or underpayments of fee(s) Warning fee(s) Indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fe	FEE TRANSMITTAL				January 23, 2004		
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MARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
Application Type	under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
Application Type	FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)						
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Total Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) Fee	Reissue 3	00 1	500	250 60	0 300		
Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Indep. Claims Fee (\$) Fee Paid (\$) Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof. Fee (\$) Fee Paid (\$) Fee Pai	Provisional 2	:00 1	100 0	0	0 0		
Other (e.g., late filing surcharge): One-month extension of time fee (small entity) \$60.00	Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims Total Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee (\$) Fee (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$) Fee Paid (\$)						
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SUBMITTED BY			
Signature /	9///	Registration No. (Attorney/Agent) 25,257	Telephone 215-567-2010
Name (Print/Type) Barry A. Stein			Date March 21, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE PATENT EXAMINING OPERATION

First Named Applicant: Johnson, Joshua W.

Serial No: 10/763,798

Group Art Unit: 1775

Filed: January 23, 2004

Examiner: Jennifer C. McNeil

Att. Docket No.: S1011/20171

Confirmation No.: 7933

For:

ORNAMENTS

PETITION FOR EXTENSION OF TIME

Mail Stop AMENDMENT Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicants hereby petition for a one-month extension of time for responding to the Rejection dated November 29, 2005, up to and including March 29, 2006, for the purpose of permitting the timely filing of the enclosed Amendment.

Authorization to charge the additional fee of \$60.00 for the one-month extension of time for a small entity, and/or any additional fees associated with this Petition For Extension of Time is granted in the attached Fee Transmittal Form.

03/24/2006 HDESTA1 00000018 030075 10763798

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60.00 DA

Respectfully submitted,

CAESAR, RIVISE, BERNSTEIN, COHEN & POKOTILOW, LTD.

March 21, 2006

Please charge or credit our Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.

Barry A. Stein

Registration No. 25,257

Customer No. 03000 (215) 567-2010

Attorneys for Applicant